

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period: From: M M / D D / Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		445859.32
(b) Cash on Hand at Beginning of Reporting Period.....	433069.98	
(c) Total Receipts (from Line 19) .....	18599.03	56187.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	451669.01	502046.69
7. Total Disbursements (from Line 31) .....	4523.13	54900.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	447145.88	447145.88
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14230.00	43535.00
(ii) Unitemized .....	4650.00	7219.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	18880.00	50754.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18880.00	55754.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	289.03	1003.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-570.00	-570.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18599.03	56187.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18599.03	56187.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	523.13	1300.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	523.13	1300.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	53600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4523.13	54900.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4523.13	54900.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18880.00	55754.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18880.00	55754.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	523.13	1300.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	289.03	1003.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	234.10	297.44

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

In regard to the letter from Rosa Lewis (dated January 29, 2014) asking for missing job title information from July and August 2013 FEC reports, I wanted to let you know that the missing information has been located and input into our e-filing system. Please let me know if you have further questions.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Phil Benjamson**

Mailing Address 103 Superior Ave

City State Zip Code  
Decatur GA 30030-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parc Communities

Occupation

Sr. VP- Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : C2730358**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Phil Benjamson**

Mailing Address 103 Superior Ave

City State Zip Code  
Decatur GA 30030-1814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parc Communities

Occupation

Sr. VP- Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2749910**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Randy Berner**

Mailing Address 6701 W 23rd St

City State Zip Code  
Minneapolis MN 55426-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adolfson & Peterson

Occupation

Project Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2749912**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. F. G. Jack Bobo**

Mailing Address PO Box 427

City

State

Zip Code

Lyon

MS

38645-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Guardian Residences

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 13 / 2014

**Transaction ID : C2730968**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. F. G. Jack Bobo**

Mailing Address PO Box 427

City

State

Zip Code

Lyon

MS

38645-0427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Guardian Residences

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2749914**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Charles Buescher**

Mailing Address 636 Karen Pass

City

State

Zip Code

Murphy

TX

75094-3756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Adolfson & Peterson

Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 09 / 2014

**Transaction ID : C2730225**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1020.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Christopher Cass**

Mailing Address 706 E Bethel School Rd

City State Zip Code  
 Coppel TX 75019-4183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LaSalle Group

Occupation

Construction

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY  
 05 / 28 / 2014

**Transaction ID : C2749967**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Vicki R. Clark**

Mailing Address 714 1/2 Poinsettia Ave

City State Zip Code  
 Corona Del Mar CA 92625-5525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vintage Senior Living

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY  
 05 / 28 / 2014

**Transaction ID : C2757011**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **C. James Coughlin**

Mailing Address 24 Eastmount Rd

City State Zip Code  
 Medfield MA 02052-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northbridge Companies

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

MM / DD / YYYY  
 05 / 14 / 2014

**Transaction ID : C2731595**

Amount of Each Receipt this Period

570.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Wayne Curtin

Mailing Address 2525 Top Hill Rd

City

Louisville

State

KY

Zip Code

40206-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WTC Public Affairs Advisors, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : C2730646

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wayne Curtin

Mailing Address 2525 Top Hill Rd

City

Louisville

State

KY

Zip Code

40206-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WTC Public Affairs Advisors, LLC

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 28 / 2014

Transaction ID : C2757013

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Martin Damian

Mailing Address 109 Patten Rd

City

Tewksbury

State

MA

Zip Code

01876-3927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2014

Transaction ID : C2727360

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 11 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Josh Davis**

Mailing Address 24 Greenway Plz  
Ste 1400

City Houston State TX Zip Code 77046-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lewis Brisbois Bisgaard Smith

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : C2757016**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. Greg Demski**

Mailing Address 413 Enid Dr

City Lewisville State TX Zip Code 75056-5877

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RealPage Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 17 / 2014

**Transaction ID : C2738826**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Russell Dey**

Mailing Address 7501 Wisconsin Ave  
Ste 1200E

City Bethesda State MD Zip Code 20814-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walker & Dunlop

Occupation

Assistant Vice President- FHA Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY  
05 / 12 / 2014

**Transaction ID : C2730637**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 12 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Russell Dey**

Mailing Address 7501 Wisconsin Ave  
Ste 1200E

City State Zip Code  
Bethesda MD 20814-6531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walker & Dunlop

Occupation

Assistant Vice President- FHA Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757017**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. Moulay Elalamy**

Mailing Address 77 Prides Crossing Rd

City State Zip Code  
Sudbury MA 01776-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

Vice-President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2742936**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Jerome Finis**

Mailing Address 630 Aberdeen Rd

City State Zip Code  
Inverness IL 60067-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pathway Senior Living

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757020**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Jon Flynn**

Mailing Address 3512 C St NW

City

Gig Harbor

State

WA

Zip Code

98335-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : C2727439**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Jon Flynn**

Mailing Address 3512 C St NW

City

Gig Harbor

State

WA

Zip Code

98335-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : C2732343**

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Jon Flynn**

Mailing Address 3512 C St NW

City

Gig Harbor

State

WA

Zip Code

98335-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Sales Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757021**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Ross Graham**

Mailing Address 157 Pineview Dr

City State Zip Code  
Oregon OH 43616-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TESCO

Occupation

Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757024**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Stephanie Handelson**

Mailing Address 257 Northampton St  
Unit 606

City State Zip Code  
Boston MA 02118-1284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : C2728765**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Gail Harmon**

Mailing Address 13223 Broadmeade Ave

City State Zip Code  
Austin TX 78729-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Assisted Living Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2014

**Transaction ID : C2725804**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Gail Harmon**

Mailing Address 13223 Broadmeade Ave

City

Austin

State

TX

Zip Code

78729-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Assisted Living Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 01 / 2014

**Transaction ID : C2725805**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Gail Harmon**

Mailing Address 13223 Broadmeade Ave

City

Austin

State

TX

Zip Code

78729-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Assisted Living Association

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757025**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Lucas Hayes**

Mailing Address 4895 Raintree Dr

City

Parker

State

CO

Zip Code

80134-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Enquire Solutions

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757026**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Charles J. Herman Jr**

Mailing Address 2540 Falmouth Rd

City

Ottawa Hills

State

OH

Zip Code

43615-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care REIT

Occupation

REIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4520.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757027**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Chad Himel**

Mailing Address 88 Hanson Rd

City

Darien

State

CT

Zip Code

06820-2503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prudential Mortgage Capital Company

Occupation

Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757028**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ginger Landy**

Mailing Address 42 W Bayberry Rd

City

Glenmont

State

NY

Zip Code

12077-3037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hodes & Landy

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757062**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Todd Larsen**

Mailing Address 1540 International Pkwy  
2000

City State Zip Code  
Lake Mary FL 32746-5096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LT~CRS

Occupation

Optimization Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : C2730448**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Don Lloyd**

Mailing Address 6012 N Cherie Ct

City State Zip Code  
Litchfield Park AZ 85340-3806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRL Company

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 09 / 2014

**Transaction ID : C2730087**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sharon Macdonald**

Mailing Address 15 Bulkley Rd

City State Zip Code  
Sudbury MA 01776-2640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Model55

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757063**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Thomas Masiello**

Mailing Address 40 William St  
Ste 350

City Wellesley State MA Zip Code 02481-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

VP Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

05 / 12 / 2014

**Transaction ID : C2730293**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Thomas Masiello**

Mailing Address 40 William St  
Ste 350

City Wellesley State MA Zip Code 02481-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

VP Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2743918**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Thomas Masiello**

Mailing Address 40 William St  
Ste 350

City Wellesley State MA Zip Code 02481-3913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living-N/A

Occupation

VP Risk Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757065**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

640.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Bryan McCaleb**

Mailing Address 1200 Summit Ave  
Ste 444

City State Zip Code  
Fort Worth TX 76102-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sagora Senior Living

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757068**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Luke Morris**

Mailing Address 9382 E Bahia Dr  
Ste B202

City State Zip Code  
Scottsdale AZ 85260-1580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ServiceTrac, Inc.

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757072**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Dan Myrice**

Mailing Address 420 Bellcourt Dr

City State Zip Code  
Oregon OH 43616-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TESCO

Occupation  
Sales Rep.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757073**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. allen nickerson**

Mailing Address 960 San Simeon Dr

City

Concord

State

CA

Zip Code

94518-2139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carlton Senior Living

Occupation

SVP, Organizational Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757074**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Richard Nix**

Mailing Address 81 W Raleigh Ave

City

Staten Island

State

NY

Zip Code

10310-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yardi Systems, Inc.

Occupation

Regional Sales Executive, Senior Housi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757075**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Shirley Paulk**

Mailing Address 85 Saw Timber Dr

City

Hilton Head Island

State

SC

Zip Code

29926-1042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Arbor Company

Occupation

SVP Sales.Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757080**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Doug Peterson**

Mailing Address 1110 Spartan Dr

City State Zip Code  
 Maumee OH 43537-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Spartan Chemical Company National Accounts Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 28 2014

**Transaction ID : C2757081**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey Pigott**

Mailing Address 705 55th St

City State Zip Code  
 West Des Moines IA 50266-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Briggs Healthcare SVP Sales, Provider Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 07 2014

**Transaction ID : C2727498**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Jeffrey Pigott**

Mailing Address 705 55th St

City State Zip Code  
 West Des Moines IA 50266-6304

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 Briggs Healthcare SVP Sales, Provider Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 28 2014

**Transaction ID : C2757082**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Michael Pokora**

Mailing Address 233 S Wacker Dr  
Ste 2000

City State Zip Code  
Chicago IL 60606-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willis

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757084**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Clarence Porch**

Mailing Address 101 Brunswick Dr

City State Zip Code  
Tyrone GA 30290-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HD Supply Interior Solutions

Occupation

National Accounts Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : C2731598**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Clarence Porch**

Mailing Address 101 Brunswick Dr

City State Zip Code  
Tyrone GA 30290-1560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HD Supply Interior Solutions

Occupation

National Accounts Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757085**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Jason Purdy**

Mailing Address PO Box 900

City

Quechee

State

VT

Zip Code

05059-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

River Glen House of Littleton

Occupation

Executive Director/Owner

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : C2726822**

Amount of Each Receipt this Period

285.00

Full Name (Last, First, Middle Initial)

## **B. Dave Reed**

Mailing Address 110 Spartan Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartan Chemical

Occupation

VP National Accounts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757088**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Robert Schwartz**

Mailing Address 875 E Park Ave

City

Columbiana

State

OH

Zip Code

44408-1449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whispering Pines Village, Inc.

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757093**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Marty Singleton**

Mailing Address 73 Max Dr

City State Zip Code  
 Paris TN 38242-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S&D Coffee & Tea

Occupation

Division Vice-President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 06 / 2014

**Transaction ID : C2727430**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Marty Singleton**

Mailing Address 73 Max Dr

City State Zip Code  
 Paris TN 38242-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

S&D Coffee & Tea

Occupation

Division Vice-President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757095**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Bill Southerland**

Mailing Address 2729 N Haven Dr

City State Zip Code  
 Eagle ID 83616-2331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yardi

Occupation

Software

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 28 / 2014

**Transaction ID : C2757103**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Liberty Stansberry**

Mailing Address 10031 Wallingford Ave N

City State Zip Code  
 Seattle WA 98133-9438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emeritus Senior Living

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 05 / 2014

**Transaction ID : C2727356**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. James Stephen**

Mailing Address 2569 Wisteria St

City State Zip Code  
 Sarasota FL 34239-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care REIT, Inc.

Occupation

SVP - Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

05 / 16 / 2014

**Transaction ID : C2738697**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. Andrea Teichman**

Mailing Address 245 Causeway St

City State Zip Code  
 Medfield MA 02052-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Benchmark Senior Living LLC-N/A

Occupation

attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 07 / 2014

**Transaction ID : C2729433**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Andrea Teichman**

Mailing Address 245 Causeway St

City State Zip Code  
Medfield MA 02052-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benchmark Senior Living LLC-N/A

Occupation  
attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : C2729435**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher Watson**

Mailing Address 7 Webster Pl

City State Zip Code  
Newtown CT 06470-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Direct Supply

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : C2730873**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Watson**

Mailing Address 7 Webster Pl

City State Zip Code  
Newtown CT 06470-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Direct Supply

Occupation  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2014

**Transaction ID : C2757110**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

770.00

14230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 30  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

## **A. Assisted Living Federation of America**

Mailing Address 1650 King St  
Ste 602

City Alexandria State VA Zip Code 22314-2747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2014

**Transaction ID : C2757113**

Amount of Each Receipt this Period

289.03

Reimbursement For Credit Card Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

289.03

289.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. Chamberlin Neff Jr.**

Mailing Address 837 W 1600 S

City

Woods Cross

State

UT

Zip Code

84087-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western States Lodging and Managment

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 06 / 2014

Transaction ID : C2757123

Amount of Each Receipt this Period

-570.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

-570.00

-570.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Assisted Living Federation of America**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address 1445 New York Ave NW

City Washington      State DC      Zip Code 20005-2134

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05      30      2014
**Transaction ID : D159159**

Amount of Each Disbursement this Period

523.13

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

523.13

523.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

**A. JEFF FLAKE FOR U.S. SENATE**

Mailing Address PO Box 12512

City	State	Zip Code
Mesa	AZ	85284

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

Rep. Jeff Flake

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 06

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		27		2014

Transaction ID : D158739

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement  
Contribution to FED Committee

Candidate Name

Sen. Susan Collins

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: ME	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : D158216

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00
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4000.00
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